



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov

## BIB DATA SHEET

CONFIRMATION NO. 9891

<b>SERIAL NUMBER</b> 10/780,098	<b>FILING or 371(c) DATE</b> 02/17/2004 <b>RULE</b>	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 3626	<b>ATTORNEY DOCKET NO.</b> BOC9-2003-0087 (458)		
<b>APPLICANTS</b> David J. Allard, Boynton Beach, FL; Robert M. Szabo, Boca Raton, FL; <b>** CONTINUING DATA *****</b> <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 05/07/2004						
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /MICHAEL TOMASZEWSKI/ Acknowledged Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> FL	<b>SHEETS DRAWINGS</b> 1	<b>TOTAL CLAIMS</b> 15	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> AKERMAN SENTERFITT P. O. BOX 3188 WEST PALM BEACH, FL 33402-3188 UNITED STATES						
<b>TITLE</b> Method, system, and apparatus for patient controlled access of medical records						
<b>FILING FEE RECEIVED</b> 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees		
				<input type="checkbox"/> 1.16 Fees (Filing)		
				<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)		
				<input type="checkbox"/> 1.18 Fees (Issue)		
				<input type="checkbox"/> Other _____		
				<input type="checkbox"/> Credit		